## Arizona Department of Health Office for Children with Special Health Care Needs

## **Transition Plan and Timeline**

| Individual Transition Plan for |  |
|--------------------------------|--|
|--------------------------------|--|

| Transition Event  | A Closer Look   | Timeline  | Date<br>Achieved |
|---|---|---|------------------|
| ☐ Member/Family informed of available programs and services available while in hospital or rehabilitation unit and after discharge from hospital / rehabilitation unit. | Programs may include, voc rehab, home, school/ work etc.  | Prior to admission or discharge from facility   |                  |
| ☐ Sign release of information   | A release of information is required to share records between programs  |   |                  |
| ☐ Transition from/to hospital/rehabilitation unit   | Member / family encouraged to describe / discuss concerns, various options, answer questions and share information. | Prior to admission or discharge from facility   |                  |
| ☐ Transition to home  | Accommodations, equipment, safety issues, physical requirements   |   |                  |
| ☐ Transition to school  | Accommodations, equipment, safety issues, physical requirements   | 6 months prior to member sinitial entry into school or within two weeks of return to school |                  |
| ☐ Transition planning meeting   | Member/ family are invited to describe / discuss various program options, answer questions and share information.   |   |                  |

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| Transition Event                              | A Closer Look  | Timeline  | Date<br>Achieved |
|---|--|---|------------------|
| ☐ Transition to voc rehab/ independent living | Member, parent / guardian visits should be arranged with the family by the Family Resource Coordinator.  | 6 months prior to member sentry into program or within two weeks of return to the program   |                  |
| ☐ Return to social activities / sports        | Member/Family and school discuss safety issues. To participate in sports must have physician clearance.  | Before resuming activity  |                  |
| ☐ Transition to work/adult                    | Member / family encouraged to describe / discuss concerns, various options, answer questions and share information. Programs may include, voc rehab, home, school/ work etc. | 6 months prior to member@sentry into work program / adult services  Within two weeks of return to work  6 months prior to member turning 18 years old |                  |
| ☐ Transition to another contractor/agency     | Member / family encouraged to describe / discuss concerns, to describe / discuss various program options, answer questions and share information.                            | Prior to transfer to/from other agency  |                  |
| □ OTHER                                       |  |   |                  |